

INSTRUCTIONS

NOTE: THIS FORM FULFILLS BOTH FEDERAL AND STATE NOTIFICATION REQUIREMENTS FOR DISPOSAL OF ASBESTOS CONTAINING WASTE MATERIAL.

1. Enter the name and address of the *facility* at which asbestos waste is generated.
2. Enter the name of the *owner* of the facility, and the name and phone number of a contact person.
3. Enter the name, address, and phone number of the *company* responsible for performing the asbestos removal.
4. Enter the name and phone number of the *authorized agent* of the company responsible for performing the asbestos removal.
5. Enter the name, address, physical site location, disposal site operator, and phone number of the *waste disposal site*. Enter "on-site" if the waste will be disposed of on the generator's property.
6. Provide the name and address of the local, state, or EPA regional office responsible for administering the asbestos *NESHAP program*. For Indiana, the *responsible agency* is: **Indiana Department of Environmental Management, Office of Air Management, P.O. Box 6015, 100 N. Senate Avenue, Indianapolis, IN 46206-6015, Phone # 317/232-8373.**
7. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is *Friable* and *Nonfriable*.
8. Enter the number of *containers* used to transport the asbestos materials listed in item 8. Also enter one of the following container codes: DM (metal drums/barrels), DF (fiber drums/barrels) DP (plastic drums/barrels), BA (6 mil plastic bags/wrapping). If none of these apply, specify what was used in transporting each type of asbestos material.
9. Enter the *quantities* of each type of asbestos material removed in units of cubic feet, cubic yards, pounds, or tons. Indicate which units are used.
10. Enter any *special transportation, treatment, storage, disposal, or Bill of Lading* information. If an *alternate waste disposal site* is designated, note it here. Emergency response telephone numbers or similar information may be noted here.
11. Enter the name and title of the *authorized agent* of the waste generator who must then read, sign, and date this certification. The date is the date of receipt by the transporter.

NOTE: THE GENERATOR MUST RETAIN A COPY OF THIS FORM. IF A COMPLETED COPY IS NOT RECEIVED WITHIN 35 DAYS OF ACCEPTANCE OF THE WASTE BY THE INITIAL TRANSPORTER, THE TRANSPORTER AND/OR THE WDS MUST BE CONTACTED. IF A COMPLETED COPY IS NOT RECEIVED WITHIN 45 DAYS, A WRITTEN EXCEPTION REPORT MUST BE SENT TO THE RESPONSIBLE AGENCY.

12. Enter the name, address, and telephone number of each *transporter* used (if applicable). Print or type the full name and title of the person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. The responsible party must then sign and date the document. The date is the date of receipt.
13. The authorized representative of the *waste disposal site* (WDS) must note here *any discrepancy* between waste described on this manifest and waste actually received (i.e. number of containers listed different from number received, or improperly enclosed or contained waste). Any rejected materials should be listed and destination of those materials provided. A site that converts asbestos-containing waste material to non-asbestos material is considered a WDS. **NOTE: The WDS should contact the generator to determine the reason for any discrepancies noted and include the reasons in this section. If a reasonable explanation is not found within fifteen (15) days, the WDS must send a written discrepancy report to the responsible agency. If significant amounts of improperly enclosed waste is discovered, the WDS must file a written report describing the problem to the responsible agency within one (1) working day. If the responsible agency at the generator site is different from that at the disposal site, any reports must go to both agencies.**
14. Enter the name and title of the *authorized agent* of the WDS who must then sign this document as an indication of his or her acceptance and agreement with statements on this manifest except as noted in item 14. The date is the date of signature and receipt of shipment.

NOTE: THE WDS MUST RETAIN A COMPLETED COPY OF THIS FORM AND SEND A COMPLETED COPY TO THE OPERATOR LISTED IN ITEM THREE (3) AND THE GENERATOR LISTED IN ITEM (2) WITHIN THIRTY (30) DAYS OF THE ACCEPTANCE OF THE WASTE BY THE INITIAL TRANSPORTER.

ASBESTOS WASTE SHIPMENT/DISPOSAL RECORD

instruction on other side

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|---|---|---|--|---|
| 1. REMOVAL PROJECT LOCATION Name: Mailing Address: Location | <u>GENERATOR</u> Name: Mailing Address: Phone: | 2. OWNER Name: Mailing Address: Phone: | | |
| 3. OPERATION/CONTRACTOR Name: Mailing Address: Phone: | 4. AUTHORIZED AGENT Name: Phone: | | | |
| 5. WASTE DISPOSAL SITE (WDS) Name: South Side Landfill, Inc. Mailing 2561 Kentucky Ave. Address: Indianapolis, IN 46221 Location: Disposal Site Operator: OPP# 49-01 Phone: 317-247-6808 | | 6. RESPONSIBLE AGENCY Name: Mailing Address: | | |
| 7. DESCRIPTION: R. Q. ASBESTOS, NA2212 SHIPPING NAME: R. Q. ASBESTOS, 9, NA2212, P.G. III | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> 8. CONTAINERS Number Type </td> <td style="width: 50%; vertical-align: top;"> 9. TOTAL QUANTITY Cu ft., Cu Yds., Lbs., Tons </td> </tr> </table> | 8. CONTAINERS Number Type | 9. TOTAL QUANTITY Cu ft., Cu Yds., Lbs., Tons |
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10. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION

EMERGENCY RESPONSE PHONE NUMBER:

11. OPERATOR'S CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Name (printed or typed)

Title

Signature

Date (MM/DD/YY)

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|---|--|----------------------------------|--------------------------|
| 12. <u>TRANSPORTERS</u> (acknowledgement of receipt of materials) | | | |
| TRANSPORTER # 1 Name: Mailing Address: Phone: | TRANSPORTER # 2 Name: Mailing Address: Phone: | | |
| _____ Name (printed or typed) | _____ Title | _____ Name (printed or typed) | _____ Title |
| _____ Signature | _____ Date (MM/DD/YY) | _____ Signature | _____ Date (MM/DD/YY) |
| <u>WASTE DISPOSAL SITE</u> | | | |
| 13. DISCREPANCY INDICATION SPACE | | | |
| 14. CERTIFICATION OF RECEIPT I hereby certify that the above named material has been accepted and that to the best of my knowledge the foregoing is true except as noted above. | | | |
| _____ Name (printed or typed) | _____ Title | _____ Signature | _____ Date (MM/DD/YY) |

5/7/98